



January 2006

The Prior Authorization (PA) Process

- ❖ Generics, when available, are always considered preferred, and in most cases do not require a PA.
- ❖ Telephone, rather than fax, your PA request for immediate exchange of information.

Assistance For Providers

- **For Prior Authorization (PA) Requests and Initial Reconsiderations of Denials**
 - ❖ MedMetrics Clinical Call Center toll-free phone: 1-800-918-7549
Toll-free fax: 1-866-767-2649

Mailing address: MedMetrics Health Partners, Attention: CPS Call Center,
100 Century Drive, 2nd floor, Worcester, MA 01606
- **For Technical Issues Relating to Claims Processing**
 - ❖ SXC Pharmacy Help Desk toll-free phone: 1-800-918-7545
- **For Second Reconsideration of a Denial or to Discuss Cases**
 - ❖ Scott Strenio, MD, OVHA Medical Director Office: 879-5906
Fax: 879-5963
- **OVHA Clinical Staff for General Clinical Assistance**
 - ❖ Roger Tremblay, RN Office: 879-5907
Office: 879-5909
Fax: 879-5963
- **OVHA Staff for Non-Clinical Assistance**
 - ❖ Robin Farnsworth Office: 879-5931
Fax: 879-5919

Assistance For Beneficiaries

- **For assistance with general questions at any time (*all health care consumers*):**
 - ❖ Health Care Ombudsman toll free: 1-800-917-7787
- **For general help or to request a Fair Hearing (*all beneficiaries*):**
 - ❖ Health Access Member Services (MAXIMUS) toll free: 1-800-250-8427
- **For M108 Exception Information (*Traditional Medicaid beneficiaries only*):**
 - ❖ Health Access Member Services toll free: 1-800-250-8427
 - ❖ Health Care Ombudsman toll free: 1-800-917-7787
 - ❖ or call your local PATH office

Office of Vermont Health Access (OVHA)
312 Hurricane Lane, Suite 201, Williston, VT 05495
802-879-5900

The Prior Authorization (PA) Process

Introduction

Note: MedMetrics recommends that if you need a prior authorization (PA) decision quickly, the fastest, most efficient way to exchange information is to request the PA by phone.

The prescriber or the prescriber's designated agent must submit all prior authorization (PA) requests. MedMetrics' Clinical Call Center is staffed 24 hours per day. From 7:30 a.m. to 9:00 p.m., Monday through Friday, there are Pharmacy Technicians and Clinical Pharmacists on site. After hours and on weekends, the Pharmacists are on call for any requests that cannot be handled by the call center. MedMetrics provides toll-free numbers for both phone and fax requests for prior authorizations. If a prescriber or prescriber's agent has not received a decision within 24 hours, please call MedMetrics to follow up. The beneficiary and prescriber will be notified in writing of all MedMetrics PA decisions.

Initiating the PA process:

Ph: 1-800-918-7549; Fax: 1-866-767-2649

- ❖ The **prescriber** or prescriber's agent must submit all prior authorization (PA) requests. Phone and Fax requests for PA are accepted 24 hours per day.
- ❖ A MedMetrics **Pharmacy Technician** will review the information provided and either approve the PA or discuss alternatives with the prescriber. A Pharmacy Technician cannot issue a denial. If the technician is unable to approve the request, and the prescriber does not wish to make a change, the request will be routed to a Clinical Pharmacist.
- ❖ The **Clinical Pharmacist** will review the information and give the prescriber opportunity to submit additional information to support the request. The PA can be put into "pending additional information" status if the prescriber wishes additional time to provide clarifying information.

Note: When written requests containing incomplete information are received, MedMetrics will identify what information is missing, and return the request to the prescriber for completion. The PA request will then be placed in "pending additional information" status. It is important that all requests contain complete information pertaining to the request, as well as contact information for the prescriber or prescriber's agent. If complete information is not received within 72 hours, the PA request will be denied.

To Request Reconsideration by MedMetrics:

Ph: 1-800-918-7549; Fax: 1-866-767-2649

- ❖ If the **prescriber** is unsatisfied with a MedMetrics decision, the prescriber, or prescriber's agent, should first ask for reconsideration from a MedMetrics **Clinical Pharmacist**. The prescriber, or prescriber's agent, may choose to speak to a pharmacist different from the one who issued the first denial, or to provide additional information to support the request.

To Request a *Second* Reconsideration:

Ph: 879-5906; Fax: 879-5963

- ❖ If the **prescriber** is unsatisfied with a MedMetrics reconsideration decision, the prescriber, or prescriber's agent, may telephone **OVHA's Medical Director** for a second reconsideration. Additional information will likely be requested to support the reconsideration request. Faxing copies of previous denials and additional information will facilitate this review.

Assistance for Beneficiaries

The **Office of Health Care Ombudsman (HCO), 1-800-917-7787**, is available to provide assistance to all Vermont health care consumers in matters relating to, among others, rights and responsibilities, filing complaints and appeals, and providing public information. Beneficiaries may call the HCO at any time.

Beneficiaries may ask for a Fair Hearing on any adverse decision made by MedMetrics or the OVHA. To request a Fair Hearing, call **Health Access Member Services at 1-800-250-8427**.

Emergency “72-Hour” Fill

An emergency fill provision can be instituted by MedMetrics when a required prior authorization has not been secured, and the need to fill the prescription is determined to be an emergency. If the prescriber cannot be reached to obtain the required prior authorization, the pharmacist may contact MedMetrics for authorization to dispense an emergency supply to last up to 72 hours. If the emergency persists, refills can be available. This emergency “72-hour” fill provision is Federal law (Title 19, Section 1927(D)(5)(b)) and is applicable only to medications that are covered by Vermont’s pharmacy programs.

OTCs do not require Prior Authorization

Over-The-Counter (OTC) medications covered by Vermont’s pharmacy programs do not require prior authorization. They do require prescriptions and must be eligible for a manufacturer’s rebate.

Medications that are not covered by Vermont’s pharmacy programs

Consistent with federal law, Vermont has excluded a few medications from coverage. Traditional Medicaid beneficiaries may request through the M108 process that the Commissioner allow an exception. For more information about the M108 process or to request forms, please contact Health Access Member Services (MAXIMUS) at 1-800-250-8427, or the Office of Health Care Ombudsman at 1-800-917-7787.

Budget Act and the Pharmacy Best Practices and Cost-Control Program

The fiscal year 2002 Budget Act authorized the Department of Prevention, Assistance, Transition, and Health Access (PATH) to establish a pharmacy best practices and cost-control program, designed to reduce the cost of providing prescription drugs, while maintaining high quality in prescription drug therapies. The Preferred Drug List (PDL) of covered prescription drugs identifies preferred choices within therapeutic classes for particular diseases and conditions, including generic alternatives, and includes a prior authorization (PA) review process designed to reduce the cost of providing prescription drugs while maintaining high quality in prescription drug therapies.

As part of the pharmacy best practices and cost control program, drugs that are prescribed by the patient’s health care provider, but not included in the PDL or considered preferred, can also be authorized under the same terms as coverage for preferred choice drugs if:

- “(i) the preferred choice has not been effective, or with reasonable certainty is not expected to be effective, in treating the patient’s condition; or
- (ii) the preferred choice causes or is reasonably expected to cause adverse or harmful reactions.”

Generic Substitution

The Generic Drug Law (VT Statutes, Title 18, Part 5, Chapter 19) § 4606 explains that if a prescriber feels that a substitution is not clinically appropriate...

“he or she shall write “brand necessary” or “no substitution” in his or her own handwriting on the prescription blank, together with a written statement that the generic equivalent has not been effective, or with reasonable certainty is not expected to be effective, in treating the patient’s medical condition or causes or is reasonably expected to cause adverse or harmful reactions in the patient.”

This does not exempt from the PA process any medications currently requiring PA, or any medications that would require a PA for clinical reasons.

This document, and other documents related to the Vermont Health Access Pharmacy Benefit Management Program can be found at: www.ovha.state.vt.us/Preferred_drugs.cfm or by calling the OVHA office at 879-5900.

Prescription Prior Authorization (PA) Process

For medications requiring Prior Authorization

MedMetrics: Ph: 1-800-918-7549; Fax: 1-866-767-2649

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THE PA PROCESS begins with the Prescriber or prescriber's agent calling or faxing MedMetrics for Prior Authorization.

If Prescriber **FAILS TO REQUEST** Prior Authorization or PA is otherwise not entered into the system...

Pharmacist or beneficiary contacts prescriber (or agent) with reminder to call Medmetrics for PA.

MedMetrics must make a decision within 24 hours of receipt of complete information.

Prescriber (or agent) calls or faxes PA request to MedMetrics. Faxed information must be complete or request will be sent back for additional information.

Prescription urgently needed; Prescriber is unreachable; Pharmacist calls MedMetrics.

MedMetrics follows provision for emergency "72-hour" fill

Approves or Changes

MedMetrics Pharmacy Technician Reviews the request.

Pharmacist fills prescription.

Request cannot be approved; Is forwarded to Clinical Pharmacist

Approves or Changes

MedMetrics Clinical Pharmacist receives new information, reviews the request.

Pharmacist issues "72-hr" fill.

Request is DENIED

Notice of decision sent to PRESCRIBER about the right to reconsideration, and to BENEFCIARY with information about the right to a Fair Hearing or the M108 process.

Beneficiaries may request a Fair Hearing on any adverse decision by calling Health Access Member Services at 800-250-8427.

